## **American Express Enhanced Reporting Tool Request**

Date of Request\_\_\_\_\_

Agency	Agency #:
From:	To: Valerie J. Smith. DOA
Title: (Agency Head or Designee)	Purchase Card Project Analyst
Access to the Enhanced Reporti	ng tool is hereby requested for the following employee of this agency/institution  type all information as requested below).
Name:	
Job Title:	
Work Phone: ()	
Fax Number: ()	
E-mail:	
Please provide all of the following a	account numbers for which you need access:
SPCC ICA (Remit) Number:	(Can be found on the agency monthly bill)
	ber: can be obtained from your SPCC Program Administrator) more than 1 BCA access is needed, please note them below)
GOLD ICA (Remit) Number:	
	(Can be found on the agency monthly bill)
Travel Card BCA Number:	
	can be obtained from your agency's Travel Card Program dministrator)
AMEX@Work User Id:  If the applicant does not	have one, complete page 2
Reporting Tool which will provide	ee above requires access to American Express' Enhanced e detail transaction and cardholder data. This data will be rent access for your agency's charge card programs (SPCC
Signed:	Date:
E mail:	Telephone: ( )

Please fax completed form to:

Valerie Smith
Charge Card Project Analyst
Department of Accounts
804-225-3499

## Registration to obtain a User ID for AMEX@Work Enhanced Reporting

Office mailing Address:
City, State and Zip:
Month and Date of Birth:
Secret Phrase for password (will be case sensitive):

Please provide this <u>additional</u> information to obtain a User Id:

Please fax completed form to:

Valerie Smith
Charge Card Project Analyst
Department of Accounts
804-225-3499